

# TUBERCULOSIS SCREENING TOOL AND RISK QUESTIONNAIRE



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



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**FACILITY NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Gender:**  M /  F

**YES**

**NO**

1. Has the client been coughing for two weeks or more?		
2. Has the client recently coughed blood in the sputum?		
3. Has the client experienced loss of appetite?		
4. Has the client lost weight of more than 3kg in the past four weeks?		
5. Has the client been sweating unusually at night?		
6. Has the client had recurrent fever/chills lasting more than three days?		
7. Has the client experienced chest pains, fast breathing and/or difficulty in breathing?		
8. Does the client have swellings in the neck, armpits or elsewhere?		

If "Yes" to one or more of the questions, suspect TB, refer for further investigations OR investigate for TB e.g. sputum collection

## COMPLIMENTARY QUESTIONS:

**YES**

**NO**

9. i) Has the client been treated for Tuberculosis?		
ii) When was the client treated for Tuberculosis?		
10. Was TB treatment completed?		
11. Has the client been in contact with someone diagnosed with Tuberculosis in the past year, e.g. same household or at work?		

If "No" to all questions, patient is not a TB suspect. Repeat the screening in 3-6 months time.